

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Stark360

ADDRESS (number and street)

203 S UNION ST STE 300

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00566505

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael J. Gruccio Esq.

Signature of Treasurer

Michael J. Gruccio Esq.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Stark360

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	208035.10	208035.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	208035.10	208035.10
7. Total Disbursements (from Line 31)	186809.67	186809.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21225.43	21225.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Stark360

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2014

To:

M M / D D / Y Y Y Y Y
09 30 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1750.00

1750.00

(ii) Unitemized

480.14

480.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2230.14

2230.14

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

146796.54

146796.54

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

149026.68

149026.68

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

30000.00

30000.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

29008.42

29008.42

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

208035.10

208035.10

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

208035.10

208035.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15069.29	15069.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15069.29	15069.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	86309.47	86309.47
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	85430.91	85430.91
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	186809.67	186809.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	186809.67	186809.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	149026.68	149026.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	149026.68	149026.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	15069.29	15069.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	15069.29	15069.29

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

A number of loans made to the committee were incorrectly reported as contributions. This report amended to correctly report all transactions.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Aaron Day

Mailing Address 53 Riddle Dr.

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARD Ventures

Occupation

Founder

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5050.00

Date of Receipt

08 / 09 / 2014

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

50.00

Contribution of 0.08475653 BTC immediately converted to USD at going price

Full Name (Last, First, Middle Initial)

B. Steven Paduchowski

Mailing Address 8 Fraser Drive

City

Salem

State

NH

Zip Code

03079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newforma

Occupation

Web Designer/Developer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 23 / 2014

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period

250.00

Contribution of 0.49369117 BTC immediately converted to USD at going price

Full Name (Last, First, Middle Initial)

C. Steven Paduchowski

Mailing Address 8 Fraser Drive

City

Salem

State

NH

Zip Code

03079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newforma

Occupation

Web Designer/Developer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 07 / 2014

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

100.00

Contribution of 0.20854868 BTC at price of 479.27 USD per BTC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. William Smith

Mailing Address PO Box 808

City

New Castle

State

NH

Zip Code

03854

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. maynard thomson

Mailing Address po box 257

City

freedom

State

NH

Zip Code

03836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. maynard thomson

Mailing Address po box 257

City

freedom

State

NH

Zip Code

03836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Josh VanBuskirk

Mailing Address 120 Fisherville Road

City

Concord

State

NH

Zip Code

03303

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	4

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period

250.00

Contribution of 0.50324938 BTC immediately converted
to USD at going price

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. BIT PAC

Mailing Address 203 S UNION STREET
STE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00550400

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4584.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 16 2014

Transaction ID : SA11C.4267

Amount of Each Receipt this Period

4584.54

In-kind - 9/16/14 sale of 9.8 BTC at price of 467.81 USD per BTC

Full Name (Last, First, Middle Initial)

B. BIT PAC

Mailing Address 203 S UNION STREET
STE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00550400

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9584.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 16 2014

Transaction ID : SA11C.4270

Amount of Each Receipt this Period

5000.00

In-kind - 9/5/14 sale of 10.44 BTC at price of 478.93 USD per BTC

Full Name (Last, First, Middle Initial)

C. MAYDAY PAC

Mailing Address 98 SAN JACINTO BLVD 12TH FLOOR
C/O H&K STRATEGIES (ANGELA OLVERA)

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing
federal political committee.

C C00562587

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 21 2014

Transaction ID : SA11C.4230

Amount of Each Receipt this Period

52000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61584.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 36

(check only one)

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. MAYDAY PAC

Mailing Address 98 SAN JACINTO BLVD 12TH FLOOR
C/O H&K STRATEGIES (ANGELA OLVERA)

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing
federal political committee.

C C00562587

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

103500.00

Date of Receipt

08 / **27** / **2014**

Transaction ID : SA11C.4234

Amount of Each Receipt this Period

51500.00

Full Name (Last, First, Middle Initial)

B. MAYDAY PAC

Mailing Address 98 SAN JACINTO BLVD 12TH FLOOR
C/O H&K STRATEGIES (ANGELA OLVERA)

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing
federal political committee.

C C00562587

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125500.00

Date of Receipt

09 / **05** / **2014**

Transaction ID : SA11C.4247

Amount of Each Receipt this Period

22000.00

Full Name (Last, First, Middle Initial)

C. MAYDAY PAC

Mailing Address 98 SAN JACINTO BLVD 12TH FLOOR
C/O H&K STRATEGIES (ANGELA OLVERA)

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing
federal political committee.

C C00562587

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

137212.00

Date of Receipt

09 / **08** / **2014**

Transaction ID : SA11C.4255

Amount of Each Receipt this Period

11712.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85212.00

146796.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Aaron Day

Mailing Address 53 Riddle Dr.

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARD Ventures

Occupation

Founder

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 30 / 2014

Transaction ID : SA13.4303

Amount of Each Receipt this Period

5000.00

Loan to Carey account

Full Name (Last, First, Middle Initial)

B. Aaron Day

Mailing Address 53 Riddle Dr.

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARD Ventures

Occupation

Founder

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10050.00

Date of Receipt

08 / 19 / 2014

Transaction ID : SA13.4304

Amount of Each Receipt this Period

5000.00

Loan to Carey account

Full Name (Last, First, Middle Initial)

C. Aaron Day

Mailing Address 53 Riddle Dr.

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARD Ventures

Occupation

Founder

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15050.00

Date of Receipt

08 / 20 / 2014

Transaction ID : SA13.4305

Amount of Each Receipt this Period

5000.00

Loan to Carey account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Matthew Phillips

Mailing Address 8 Kings Ransom Ln.

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 30 / 2014

Transaction ID : SA13.4309

Amount of Each Receipt this Period

5000.00

Loan to Carey account

Full Name (Last, First, Middle Initial)

B. Matthew Phillips

Mailing Address 8 Kings Ransom Ln.

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : SA13.4310

Amount of Each Receipt this Period

10000.00

Loan to Carey account

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

30000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Diane Bitter

Mailing Address PO Box 267

City

Rye Beach

State

NH

Zip Code

03871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA17.4254

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patrick M. Byrne

Mailing Address 700 Bitner Road

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overstock.com

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9506.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : SA17.4238

Amount of Each Receipt this Period

9506.40

Contribution of 20.0 BTC at price of 475.32 USD per BTC

Full Name (Last, First, Middle Initial)

C. Citizens for a Strong New Hampshire, Inc.

Mailing Address 373 South Willow Street

PMB #105

City

Manchester

State

NH

Zip Code

03103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SA17.4263

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13506.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Gordon Humphrey

Mailing Address 70 Garvin Hill Rd

City State Zip Code
 Chichester NH 03258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA17.4242

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Republican Liberty Caucus of NH

Mailing Address 75 South Main Street
 PMB 525

City State Zip Code
 Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 07 / 2014

Transaction ID : SA17.4264

Amount of Each Receipt this Period

5000.00

In-kind - vote guide costs

Full Name (Last, First, Middle Initial)

C. Harold Turner

Mailing Address 27 Locke Rd

City State Zip Code
 Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

The H L Turner Group inc

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA17.4208

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Harold Turner

Mailing Address 27 Locke Rd

City State Zip Code
Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer
The H L Turner Group inc

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA17.4231

Amount of Each Receipt this Period

250.00

Contribution of 0.48857148 BTC immediately converted to USD at going price

Full Name (Last, First, Middle Initial)

B. Harold Turner

Mailing Address 27 Locke Rd

City State Zip Code
Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer
The H L Turner Group inc

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 02 / 2014

Transaction ID : SA17.4239

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Harold Turner

Mailing Address 27 Locke Rd

City State Zip Code
Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer
The H L Turner Group inc

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

09 / 03 / 2014

Transaction ID : SA17.4245

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

5250.00

TOTAL This Period (last page this line number only)..... ►

29006.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Kevin Bloom

Mailing Address 8 Wyman St

City Concord State NH Zip Code 03301

Purpose of Disbursement
Outreach expenses

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 04 2014**Transaction ID : SB21B.4174.0**

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Republican Liberty Caucus of NHMailing Address 75 South Main Street
PMB 525

City Concord State NH Zip Code 03301

Purpose of Disbursement
In-kind - vote guide costs

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 07 2014**Transaction ID : SB21B.4266**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►5000.00
14884.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Andrew Hemingway for Governor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Mailing Address 1850 Elm St.

City	State	Zip Code
Manchester	NH	03104

Transaction ID : SB29.4146Purpose of Disbursement
State candidate contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Andrew Hemingway for Governor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Mailing Address 1850 Elm St.

City	State	Zip Code
Manchester	NH	03104

Transaction ID : SB29.4153Purpose of Disbursement
State candidate contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ARD Ventures II

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Mailing Address 53 Riddle Dr

City	State	Zip Code
Bedford	NH	03110

Transaction ID : SB29.4172Purpose of Disbursement
Carey account - postage for mailing

004

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10888.56

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15888.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. ARD Ventures II

Mailing Address 53 Riddle Dr

City	State	Zip Code
Bedford	NH	03110

Purpose of Disbursement
Carey account - media Buy

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

004Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2014

Transaction ID : SB29.4177

Amount of Each Disbursement this Period

26050.00

Full Name (Last, First, Middle Initial)

B. ARD Ventures II

Mailing Address 53 Riddle Dr

City	State	Zip Code
Bedford	NH	03110

Purpose of Disbursement
Carey account - GOTV field operations

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : SB29.4180

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Avar for NH State Senate

Mailing Address 68 Bartemus Trail

City	State	Zip Code
Nashua	NH	03063

Purpose of Disbursement
State candidate contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

011Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2014

Transaction ID : SB29.4159

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

37050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. CoinVox, Inc.

Mailing Address 440 N Wolfe Rd

City	State	Zip Code
Sunnyvale	CA	94085

Purpose of Disbursement
Carey account - GOTV field operations

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SB29.4181

Amount of Each Disbursement this Period

5475.00

Full Name (Last, First, Middle Initial)

B. DB Capitol StrategiesMailing Address 203 S Union St
Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Carey account - legal and compliance consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SB29.4165

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. DB Capitol StrategiesMailing Address 203 S Union St
Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Carey account - legal and compliance consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SB29.4166

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11475.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. DB Capitol StrategiesMailing Address 203 S Union St
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account - legal and compliance consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2014

Transaction ID : SB29.4189

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Doris Hohensee for State Senate

Mailing Address 15 Swart Terrace

City Nashua State NH Zip Code 03064

Purpose of Disbursement
State candidate contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2014

Transaction ID : SB29.4157

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Madeline Dutro

Mailing Address 467 East High Street

City Manchester State NH Zip Code 03014

Purpose of Disbursement
Carey account - outbound messaging consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	03	/	2014

Transaction ID : SB29.4170

Amount of Each Disbursement this Period

650.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4650.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Madeline Dutro

Mailing Address 467 East High Street

City	State	Zip Code
Manchester	NH	03014

Purpose of Disbursement
Carey account - outbound messaging consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB29.4184

Amount of Each Disbursement this Period

497.50

Full Name (Last, First, Middle Initial)

B. eGrassroots Campaign

Mailing Address 22 Arkansas Ave

City	State	Zip Code
Ocean City	NJ	08226

Purpose of Disbursement
Carey account - data mapping and voter outreach

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : SB29.4152

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. Friends of Eileen landies

Mailing Address PO Box 5841

City	State	Zip Code
Manchester	NH	03108

Purpose of Disbursement
State candidate contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

Transaction ID : SB29.4163

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8997.50

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Stark360

A. Friends of Jane Cormier

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '08' with two squares above it. The second display shows '06' with two squares above it. The third display shows '2014' with four squares above it.

011

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

1000.00

B. Friends of JP4NH

08 / 28 / 2014

011

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

1000.00

C. Friends of Regina Birdsell

011

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

Age Group	Number of people
13-17	~850
18-24	~950
25-34	~800
35-44	~750
45-54	~650
55-64	~550
65-74	~450
75-84	~350
85+	~250

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Friends of Steve Kenda

Mailing Address PO Box 1257

City	State	Zip Code
North Hampton	NH	03862

Purpose of Disbursement
State candidate contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : SB29.4150

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Kessler

Mailing Address 80 Holman Avenue

City	State	Zip Code
Athens	GA	30606

Purpose of Disbursement
Carey account - GOTV field operations

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SB29.4186

Amount of Each Disbursement this Period

510.00

Full Name (Last, First, Middle Initial)

C. Moonshadow MobileMailing Address 44 West Broadway
Suite 400

City	State	Zip Code
Eugene	OR	97401

Purpose of Disbursement
Carey account - data Visualization

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

Transaction ID : SB29.4155

Amount of Each Disbursement this Period

860.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2370.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Stark360

Full Name (Last, First, Middle Initial)

A. Vakava DesignsMailing Address 38 Hawthorne Drive
D 105

City Bedford State NH Zip Code 03110

Purpose of Disbursement
Carey account - banners

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SB29.4188

Amount of Each Disbursement this Period

1695.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1695.00

85126.06

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 36

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4303

Stark360

LOAN SOURCE Full Name (Last, First, Middle Initial)

Aaron Day

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 53 Riddle Dr.

City Bedford

State NH

ZIP Code 03110

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

MM / DD / YYYY
07 / 30 / 2014

Date Due

MM / DD / YYYY

on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 36

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4304

Stark360

LOAN SOURCE Full Name (Last, First, Middle Initial)

Aaron Day

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 53 Riddle Dr.

City Bedford

State NH

ZIP Code 03110

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

MM / DD / YYYY
08 / 19 / 2014

Date Due

MM / DD / YYYY

on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 36

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4305

Stark360

LOAN SOURCE Full Name (Last, First, Middle Initial)

Aaron Day

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 53 Riddle Dr.

City Bedford

State NH

ZIP Code 03110

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

MM / DD / YYYY
08 / 20 / 2014

Date Due

MM / DD / YYYY

on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 36

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Stark360

LOAN SOURCE Full Name (Last, First, Middle Initial)

Matthew Phillips

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8 Kings Ransom Ln.

City Bedford

State NH

ZIP Code 03110

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Date Due

M M M / D D D / Y Y Y Y Y Y

on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 36

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4310

Stark360

LOAN SOURCE Full Name (Last, First, Middle Initial)

Matthew Phillips

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8 Kings Ransom Ln.

City Bedford

State NH

ZIP Code 03110

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2014

Date Due

M M M / D D D / Y Y Y Y Y Y

on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

30000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Stark360			FEC IDENTIFICATION NUMBER ▼ C C00566505		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Allied Printing Services			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 1 Allied Way			Amount 22056.00		
City Manchester	State CT	Zip Code 06045	Transaction ID : SE.4114		
Purpose of Expenditure Door Hangers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate SCOTT BROWN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		53468.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee ARD Ventures II			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 53 Riddle Dr			Amount 10000.00		
City Bedford	State NH	Zip Code 03110	Transaction ID : SE.4131		
Purpose of Expenditure GOTV Activities for Fed and state candidates		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate JIM RUBENS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		66208.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32056.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael J. Gruccio Esq.</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Stark360			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00566505</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee ARD Ventures II			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 53 Riddle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>		
City Bedford		State NH	Zip Code 03110		Transaction ID : SE.4133
Purpose of Expenditure GOTV activites for Federal and state candidates		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>	
Name of Federal Candidate MARILINDA GARCIA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11370.48</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Buying Time, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 650 Massachusetts Ave, NW Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8730.00</div>		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.4137
Purpose of Expenditure Newspaper Media Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>	
Name of Federal Candidate SCOTT BROWN			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: State: NH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">74938.99</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">18730.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Michael J. Gruccio Esq.			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Stark360			FEC IDENTIFICATION NUMBER ▼ C C00566505		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee CoinVox, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 440 N Wolfe Rd			Amount 10000.00		
City Sunnyvale		State CA	Zip Code 94085		Transaction ID : SE.4107
Purpose of Expenditure Jim Rubens GOTV Project		Category/Type 004	Date of Disbursement or Obligation 08 / 27 / 2014		
Name of Federal Candidate JIM RUBENS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 31315.57			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Front Range Enterprises and Communications			Date of Public Distribution/Dissemination 08 / 28 / 2014		
Mailing Address 1111 Diamond Valley Drive			Amount 21315.57		
City Windsor		State CO	Zip Code 80550		Transaction ID : SE.4104
Purpose of Expenditure Anti-Brown Mailer and Postage		Category/Type 003	Date of Disbursement or Obligation 08 / 27 / 2014		
Name of Federal Candidate SCOTT BROWN			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 21315.57			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			31315.57		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael J. Gruccio Esq.</i>			Date 07 / 31 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Stark360			FEC IDENTIFICATION NUMBER ▼ C C00566505		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Twilio, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2014		
Mailing Address 645 Harrison			Amount 96.46		
City San Francisco		State CA	Zip Code 94104		Transaction ID : SE.4120
Purpose of Expenditure Robocalls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014		
Name of Federal Candidate JIM RUBENS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 31412.03			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 475 L'Enfant Plaza SW			Amount 2740.96		
City Washington		State DC	Zip Code 20260		Transaction ID : SE.4125
Purpose of Expenditure postage for vote guide with misc. state candidates		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate JIM RUBENS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 56208.99			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2837.42		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael J. Gruccio Esq.</i>			Date MM / DD / YYYY 07 / 31 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Stark360			FEC IDENTIFICATION NUMBER ▼ C C00566505		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 475 L'Enfant Plaza SW			Amount 1370.48		
City Washington		State DC	Zip Code 20260		Transaction ID : SE.4128
Purpose of Expenditure postage for vote-guide with misc. state candidates		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate MARILINDA GARCIA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		1370.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1370.48		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			86309.47		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael J. Gruccio Esq.</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015	